

Medicare Advantage Organization (MAO)
Quality Improvement Project (QIP) Open Door Forum
Frequently Asked Questions
March 5, 2013

New QIP Plan Submissions

Q: When are SNPs and other MA plans that entered the Medicare Advantage program for the first time in contract year (CY) 2013 required to submit the Plan section of their QIP?

A: SNPs and other MA plans that are new to the MA program in CY 2013 are required to submit their “Plan” section of the QIP Plan in the fall of 2013. For more information about those submissions, please see the April 12, 2013 HPMS memo, “Chronic Care Improvement Program and Quality Improvement Project Submission Information for New 2013 Plans.”

Q: How are the QIP requirements different for SNP plans vs. MA plans?

A: Each must submit a unique QIP, specific to their SNP-type and offering. By contrast, MA plans submit a single QIP that covers multiple plan offerings.

Feedback on QIP Plan Submissions

Q: How were the “Plan” section submissions scored? Will CMS be providing any detail regarding the scoring criteria?

A: The “Plan” section of the QIP was scored pass/fail. CMS intends to collaborate with MAOs throughout the QIP process and will share best practices with the industry, including information regarding approaches that appear more effective in achieving broad-based quality improvement.

Q: What percentage of QIP Plan submissions passed?

A: 100% of the plan submissions passed.

Q: Do MAOs have to achieve their QIP goal(s) in order to receive a passing grade?

A: No. QIPs are designed to address clinical and/or non-clinical areas of services and care that MAOs believe will improve health outcomes for targeted enrollees. We expect MAOs to challenge themselves and continuously assess/modify/enhance their QIP approach over time in order to improve care delivery and the health status of enrollees. The MAO’s Annual Update must adequately address all the required components of the Do/Study/Act model and reflect ongoing and continuous refinement and monitoring of stated goals and focus areas. CMS will provide detailed guidance this summer on the Do/Study/Act components that comprise the Annual Update.

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Q: Will the MAOs receive individualized feedback from CMS regarding their Plan submission(s)?

A: *CMS Regional Office Account Managers will discuss QIP submissions with their accounts during regularly scheduled meetings and teleconferences. MAOs should be prepared to share their progress in operationalizing their Plans during these informal discussions. MAOs should identify strengths and weaknesses of their plans as they prepare their Annual Update. MAOs should refer to the QIP ODF slides for promising approaches and strategies for improvement. MAOs may also submit individual questions to CMS at: MAQuality@cms.hhs.gov.*

Baseline Measurement

Q: What is the timeframe for the baseline year?

A: *CY 2013 is the baseline year for implementation. Data for measurement, however, can be from previous years.*

For example: *If an MAO indicated that it would use HEDIS data to determine the level of improvement for its 2012 Plan, that MAO will most likely be using 2012 data for the first Annual Update in the fall of 2013, and 2013 HEDIS data for its 2014 Annual Update, etc. In this scenario, at the end of the three year QIP cycle, this MAO would have reported HEDIS data for the 2012, 2013, and 2014 intervals.*

QIP Plan Revisions

Q: If MAOs determine during the project that interventions are not working, can they revise them before the Annual Update is due?

A: *Yes. MAOs should continually assess their progress in relation to target goals and enhance or modify their original Plan as needed. MAOs should document any modifications to their QIP Plan, including the reason for and timing of needed changes. MAOs should document any barriers or other relevant information. All of this information should be included in the Annual Update.*

Q: Can MAOs resubmit modified QIP Plan sections to CMS?

A: *No, instead MAOs should document any modifications to their Plan sections and describe those modifications in their Annual Update.*

Q: How often can MAOs propose changes to their project Plan, interventions, etc.?

A: *MAOs should make changes to their QIP Plan sections as needed. MAOs should describe these changes as part of the Annual Update.*

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Annual Update

Q: When is the QIP Annual Update due to CMS?

A: The Annual Update is due fall 2013, and every fall thereafter until 2015. The exact due dates will be released later this year.

Q: What is the expectation for the fall 2013 Annual Update?

A: MAOs should provide any outcomes data available when the update is due. In addition, MAOs should share effective practices, lessons learned, barriers encountered, mitigation strategies and any modifications made to their interventions. CMS will be providing additional information and training about the Annual Update in the coming months.

Q: For MAOs using HEDIS data as part of their evaluation methodology, how can they assess the effectiveness of their interventions for the first Annual Update? Can other data sources be used?

A: MAOs should provide any outcomes data available when the update is due. HEDIS data will be available in June of each reporting year. Therefore, MAOs may use that data for their Annual Update due that following fall.

MAOs may also use other data sources to evaluate the effectiveness of their interventions. However, CMS recommends MAOs use the same data source for their Annual Update so that the annual findings are comparable.

Q: Will there be a template for the Annual Update that includes the Do/Study/Act components?

A: Yes, there will be an Annual Update template in HPMS. Instructions for the Do/Study/Act components of the Annual Update will be forthcoming.

Numerator/Denominator

Q: Can CMS provide clarification on what is required for the numerator and denominator, as it relates to the sample size in the study section of the Annual Update?

*A: The numerator is the number of plan members that met inclusion criteria **and** actually received the project intervention(s). The denominator is the number of plan members that met inclusion criteria and were eligible to receive project interventions.*

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For example: If an MAO has 100 enrollees that fit the criteria for participation, and 35 of those 100 enrollees participate in the QIP, the numerator is going to be 35, and the denominator is 100, which is equal to the total number that met the inclusion criteria.

Communication with CMS

Q: When & how will MAOs engage with CMS Account Managers regarding their QIPs?

A: Regional Office Account Managers will discuss QIPs with their MAOs during their regularly scheduled meetings and teleconferences.

Q: Is there an expectation that plans will regularly communicate with CMS on their progress via the MA quality mailbox?

A: No, the MA quality mailbox is not the appropriate vehicle for providing updates. We would expect MAOs to share such updates with their Regional Office Account Manager during regularly scheduled meetings and teleconferences. If MAOs have questions, we encourage them to send their questions to the MA Quality mailbox at MAQuality@cms.hhs.gov or to reach out to their Regional Office Account Manager.

Training and Resources

Q: Are the slides from the QIP ODF available?

A: The slides, along with the audio recording are available for download at: <http://vimeo.com/61714157>.

Q: Will CMS provide any additional training related to the QIP Annual Updates?

A: Additional information and training will be provided to MAOs before the Annual Updates are due to CMS.

Q: When will Chapter 5 of the Medicare Managed Care Manual be updated?

A: CMS is in the process of revising Chapter 5, titled, "Quality Assessment." The updated chapter will be posted to the CMS website as soon as possible. In the meantime, MAOs should submit questions to the CMS quality mailbox at MAQuality@cms.hhs.gov.

Miscellaneous

Q: Will the QIPs eventually be included as a Star Ratings metric?

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A: At this time, CMS has not made a determination regarding incorporating the QIP results into the Star Ratings metric. In the near term, CMS is focused on thoroughly evaluating the QIP and CCIP programs and sharing promising approaches and lessons learned with MAOs. However, CMS believes that the QIP and CCIP projects may be able to positively influence some of the measures that are accounted for under the current Star Ratings. CMS strongly encourages MAOs to take this opportunity to focus, first and foremost, on achieving the anticipated outcomes of their QIPs, thereby improving the quality of care for Medicare beneficiaries.

Q: Can MAOs collaborate with other entities to reduce hospital readmissions for their member population?

A: Absolutely. Reducing hospital readmissions is a national initiative. As a result, CMS believes that there are many opportunities for collaboration and encourages MAOs to explore partnerships with other entities.